

12 JUL 15 PM 11:08

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Friends of Mike H

ADDRESS (number and street) **610 S. Boulevard**
Check if different than previously reported. (ACC) **Tampa** **FL** **33606**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00492231** 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A) STATE ▼ DISTRICT
FL **00**

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
☐ April 15 Quarterly Report (Q1)
☒ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)
Election on **N I / D D / Y Y** in the State of **FL**
(c) 30-Day POST-Election Report for the:
☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on **M M / D D / Y Y** in the State of **FL**

5. Covering Period **M M / D D / Y Y Y Y** **04 / 01 / 2012** through **M M / D D / Y Y Y Y** **06 / 30 / 2012**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Nancy H. Watkins**

Signature of Treasurer **Nancy H. Watkins** Date **M M / D D / Y Y Y Y** **07 / 09 / 2012**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)